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Bib Data Sheet

CONFIRMATION NO. 6263

<b>SERIAL NUMBER</b> 10/629,368	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 045710-1951
<b>APPLICANTS</b> Luiz Belardinelli, Menlo Park, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,803 04/02/2003 and claims benefit of 60/426,902 11/15/2002 and claims benefit of 60/399,177 07/29/2002 and claims benefit of 60/399,176 07/29/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/27/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 88984				
<b>TITLE</b> MYOCARDIAL PERFUSION IMAGING METHOD				
<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	